

1 *Typewritten Full Name
of Joint Inventor*

Peter

Rasmussen

Given Name

Middle Initial

Family Name

2 *Inventor's Signature:*

3 *Date of Signature:*

Month

Day

Year

Residence: Knasterhovvej 21, Tåsinge, DK-5700 Svendborg, Denmark

City

State or Province

Country

Citizenship: Denmark

Post Office Address: Knasterhovvej 21, Tåsinge, DK-5700 Svendborg, Denmark

(Insert complete mailing
address, including country)

1 *Typewritten Full Name
of Joint Inventor*

Uffe

Dam

Larsen

Given Name

Middle Initial

Family Name

2 *Inventor's Signature:*

3 *Date of Signature:*

Month

Day

Year

Residence: Tibirkegade 1, 1.th, DK-2200 Copenhagen N, Denmark

City

State or Province

Country

Citizenship: Denmark

Post Office Address: Tibirkegade 1, 1.th, DK-2200 Copenhagen N, Denmark

(Insert complete mailing
address, including country)

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Month

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Country

Citizenship:

Post Office Address:

(Insert complete mailing
address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

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